

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Juvenile Justice Campus Behavioral Health Services	Provider:	Wellpath
Program Description:	Wellpath at Juvenile Justice Campus (JJC) provides psychiatric and mental health evaluation and assessment, crisis intervention, medication management, acute psychiatric referrals and case management services.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	July 1, 2018 to Present
Age Group Served 2:		Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Realignment	Funding Source 3:	Other, please specify below
Funding Source 2:		Other Funding:	

FISCAL INFORMATION:

Program Budget Amount:	\$1,084,981	Program Actual Amount:	\$1,055,429
Number of Unique Clients Served During Time Period:	717		
Number of Services Rendered During Time Period:	7505		
Actual Cost Per Client:	\$1,472		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	July 2018 – June 30, 2021, plus two optional twelve-month periods.	For Other:	Correctional Facility
Level of Care Information Age 18 & Over:		Renewal Date:	6/30/2023
Level of Care Information Age 0- 17:			

The levels of care shown above do not apply. This program provides behavioral health services to incarcerated and detained youths at JJC.

TARGET POPULATION INFORMATION:

Target Population:	All youth in need of any type of mental health service while incarcerated or detained at the JJC.
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CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Please describe how the selected concept (s) embedded :

Typically youths are identified through the intake process and Initial Mental Health Assessment form which is completed for each youth. Youth identified as requiring an on-going mental health treatment are seen bi-weekly and weekly as needed. All other youth are seen through the referral process. Encounters are recorded in the EHR for all services and services which meet criteria for Avatar entry are entered into the Avatar system.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

- 1) Goal 1: In-custody youth detained at JJC will show improvement in the domains being tracked in the Initial Mental Health Assessment form.
- 2) Goal 2: Reduction of the number of youth placed on suicide precautions by 25%.
- 3) Goal 3: Reduction in the number of youth suicide attempts by 25%.
- 4) Goal 4: Improvements of 10% in each of the 10 domains.

In Fiscal Year (FY) 2019-20, the program provided 7,505 units of service to 717 unique patients. Services included mental health encounters (3,554), mental health referrals (1,827), mental health sick call requests (329), crisis intervention (153), court-ordered evaluations (16), case management/linkage services (291), initial mental health assessments (827), youths placed on suicide precautions (89), psychiatrist's encounters (182) and medication support (237).

The Initial Mental Health Assessment form was adjusted during the previous fiscal year to include the domains within the assessment. The domains were evaluated every 6 months for youth identified as mental health patients. They were tracked 6 months from the date of the initial assessment and every 6 months thereafter if youth is still in custody during that timeframe.

The program goal for reduction in suicide precaution placements was met as FY 2015-16 placements were at 159, for FY 2016-17 placements were at 91, for FY 2017-18 placements were at 77, for FY 2018-19 placements were at 161, and FY 2019-20 placements were at 89. This lower number could be attributed to the Safety Cell program which provided safe placement of youth on Suicide Watch Placements. This was also the fifth year of the program which led to more familiarity with youth and better therapeutic rapport with youth. Wellpath places an emphasis on suicide prevention training for staff and in identifying high risk youth with suicidal ideations which contributed to the decrease number of youth on Suicide Watch. There was also a lower number of youth being incarcerated from March to May due to the COVID-19 pandemic. The low Average Daily Population contributed with the decrease in number of youth placed on Suicide Watch Placements.

The program did meet goals for suicide attempt reduction as the number went from 2 suicide attempts in FY 2018-19 to 1 suicide attempt in FY 2019-20. From FY 2018-19 through FY 2019-20, there have been only 3 suicide attempts which was down from 26 suicide attempts for FY 2017-18. This decrease could be attributed to having a higher number of youth being placed on Suicide Watch precautions which stopped them from escalating to actual suicide attempts. Wellpath is working on having staff being more proactive and less reactive to working with youth before it escalates to a suicide attempt as well as identifying youth that meet the criteria for having a higher risk of attempting suicide.

The program did meet goals in improvement in domains being tracked in the Mental Health Assessment form by 10%. There were 10 domains being tracked which were: Depression, Anxiety, Anger, Thoughts of Suicide, Suicide Attempts, Self-Abusive Behaviors, Hyperactivity, Impulsivity, Mood Swings, and Self Esteem. The data was collected by reassessing youth in 6 month intervals using the Mental Health Assessment and self-rating scales. There were improvements in each domain which were: Depression 78%, Anxiety 11%, Anger 17%, Thoughts of Suicide 61%, Suicide Attempts 11%, Self-Abusive Behaviors 28%, Hyperactivity 28%, Impulsivity 11%, Mood Swings 172%, and Self Esteem 33%.

The improvements in each category support the efficacy and effectiveness of the mental health program at the JJC. The 11% improvement in the Suicide Attempts domain is due to the low number of suicide attempts during the last two FY's at JJC as well as having youth who did not have a significant history of suicide attempts. The 11% improvement in the Anxiety domain was partly due to COVID-19 concerns with the youth. Youth presented with significant anxiety due to concerns for wellbeing of family members as well as their own health. The 11% improvement in Impulsivity could be attributed to youth not wanting to be prescribed psychotropic medications as well as not being compliant when prescribed medications.

Oral or written requests will be picked up daily by qualified health care professionals and triaged within 24 hours. When a request describes a clinical symptom, a face to face encounter between the youth and qualified health care professional occurs within 48 hours on weekdays and 72 hours on weekends. There is an average of 2 days wait time from placement of mental health request until service provided by a licensed mental

health clinician. There was only 1 grievance for mental health during FY 2019-20. Avatar entries are being conducted for all contacts and not limited to just youths with mental health diagnosis. At JJC, all youth are seen who require services even if only in a singular instance.

DEPARTMENT RECOMMENDATION(S):